## EXHIBIT B

```
IN THE UNITED STATES DISTRICT COURT
1
          FOR THE SOUTHERN DISTRICT OF
2
          WEST VIRGINIA AT CHARLESTON
3
    IN RE: ETHICON, INC., :Master File No.
4
    PELVIC REPAIR SYSTEM :2:12-MD-0237
    PRODUCTS LIABILITY
5
                             :MDL No. 2327
    LITIGATION
6
    THIS DOCUMENT RELATES TO : JOSEPH R. GOODWIN
    THE CASES LISTED BELOW : U.S. DISTRICT JUDGE
7
    _______
8
    Mullins, et al. V. Ethicon, Inc., et al.
    2:12-cv-02952
    Sprout, et al. V. Ethicon, Inc., et al.
10
    2:12-cv-07924
    Iquinto v. Ethicon, Inc., et al.
    2:12-cv-09765
    Daniel, et al. V. Ethicon, Inc., et al.
    2:13-cv-02565
12
    Dillon, et al. V. Ethicon, Inc., et al.
13
    2:13-cv-02919
    Webb, et al. V. Ethicon, Inc., et al.
14
    2:13-cv-04517
    Martinez v. Ethicon, Inc., et al.
    2:13-cv-04730
    McIntyre, et al. V. Ethicon, Inc., et al.
    2:13-cv-07283
16
    Oxley v. Ethicon, Inc., et al. 2:13-cv-10150
    Atkins, et al. V. Ethicon, Inc., et al.
17
    2:13-cv-11022
    Garcia v. Ethicon, Inc., et al. 2:13-cv-14355
18
    Lowe v. Ethicon, Inc., et al. 2:13-cv-14718
    Dameron, et al. V. Ethicon, Inc., et al.
19
    2:13-cv-14799
20
21
               SEPTEMBER 17, 2015
              JERRY G. BLAIVAS, M.D.
22
            GOLKOW TECHNOLOGIES, INC.
23
         877.370.3377 ph|917.591.5672 fax
                deps@golkow.com
24
```

```
1
    CAPTION CONTINUED:
2
    Vanbuskirk, et al. V. Ethicon, Inc., et al.
3
    2:13-cv-16183
    Mullens, et al. V. Ethicon, Inc., et al.
    2:13-cv-16564
    Shears, et al. V. Ethicon, Inc., et al.
5
    2:13-cv-17012
    Javins, et al. V. Ethicon, Inc., et al.
6
    2:13-cv-18479
    Barr, et al. V. Ethicon, Inc., et al.
7
    2:13-cv-22606
8
    Lambert v. Ethicon, Inc., et al.
    2:13-cv-24393
    Cook v. Ethicon, Inc., et al. 2:13-cv-29260
9
    Stevens v. Ethicon, Inc., et al.
10
    2:13-cv-29918
    Harmon v. Ethicon, Inc., et al. 2:13-cv-31818
11
    Snodgrass v. Ethicon, Inc., et al.
    2:13-cv-31881
    Miller v. Ethicon, Inc., et al. 2:13-cv-32627
12
    Matney, et al. V. Ethicon, Inc., et al.
13
    2:14-cv-09195
    Jones, et al. V. Ethicon, Inc., et al.
14
    2:14-cv-09517
    Humbert v. Ethicon, Inc., et al.
15
    2:14-cv-10640
    Gillum, et al. V. Ethicon, Inc., et al.
    2:14-cv-12756
16
    Whisner, et al. V. Ethicon, Inc., et al.
17
    2:14-cv-13023
    Tomblin v. Ethicon, Inc., et al.
18
    2:14-cv-14664
    Schepleng v. Ethicon, Inc., et al.
19
    2:14-cv-16061
    Tyler, et al. V. Ethicon, Inc., et al.
20
    2:14-cv-19110
    Kelly, et al. V. Ethicon, Inc., et al.
21
    2:14-cv-22079
    Lundell v. Ethicon, Inc., et al.
22
    2:14-cv-24911
    Cheshire, et al. V. Ethicon, Inc., et al.
23
    2:14-cv-24
24
```

1	APPEARANCES:
2	
3	MOTLEY RICE LLC BY: FIDELMA L. FITZPATRICK, ESQUIRE
4	321 South Main Street, 2nd Floor
	Providence, Rhode Island 02903
5	(401) 457-7728
	Ffitzpatrick@motleyrice.com
6	Representing the Plaintiffs
7	
	BUTLER SNOW, LLP
8	BY: NILS B. (BURT) SNELL, ESQUIRE
	500 Office Center Drive
9	Suite 400
	Fort Washington, Pennsylvania 19034
10	(267) 513-1885
	Burt.snell@butlersnow.com
11	
	BUTLER SNOW, LLP
12	BY: PAUL S. ROSENBLATT, ESQUIRE
	The Pinnacle at Symphony Place
13	150 3rd Avenue South
	Suite 1600
14	Nashville, Tennessee 37201
	(615) 651-6700
15	Paul.rosenblatt@butlersnow.com
1.0	Representing the Defendant
16	
17	
18 19	
20	
21	
4.1	
22	
23	
24	

	Jerry G. BI	aт	
	Page 34		Page 36
1	it then or was that your question?	1	some of the PROLENE® mesh before
2	Q. Yes. When you would place	2	to place it? I'm not sure what
3	the Ethicon branded, you know, PROLENE®	3	you're talking about.
4	polypropylene sling for stress urinary	4	BY MR. SNELL:
5	incontinence, where at the mid urethra	5	Q. Have you ever placed a TVT?
6	would you place it?	6	A. No.
7	MS. FITZPATRICK: Objection.	7	Q. Every Ethicon branded
8	THE WITNESS: As I said, I	8	PROLENE® polypropylene sling you placed
9	would place it in the mid urethra.	9	were slings that you hand cut, correct?
10	BY MR. SNELL:	10	A. Correct.
11	Q. What data did you rely upon	11	Q. And you hand cut them at a 2
12	for the mid urethral placement of the	12	centimeter wide strip, correct?
13	Ethicon branded sling at the mid urethra?	13	A. Correct.
14	MS. FITZPATRICK: Objection.	14	Q. And those are the slings
15	Are you talking about the mesh or	15	synthetic slings, that you've done,
16	are you talking about a particular	16	correct?
17	sling?	17	A. That's correct.
18	MR. SNELL: I'm talking	18	Q. Okay. And you testified
19	about the slings he's testified he	19	that you would place those strike
20	placed.	20	mat.
21	MS. FITZPATRICK: I just	21	You changed your testimony,
22	want to make sure we're clear	22	and you testified may you prove and
23	here.	23	at the bladder neck, correct?
24	THE WITNESS: I haven't	24	MS. FITZPATRICK: Objection.
		1	
	Page 35		Page 37
1	Page 35	1	Page 37 THE WITNESS: Correct.
1 2	thought about this in a very long	1 2	THE WITNESS: Correct.
	thought about this in a very long time, and it occurred to me that I		THE WITNESS: Correct. BY MR. SNELL:
2	thought about this in a very long time, and it occurred to me that I misspoke just now.	3	THE WITNESS: Correct.
3	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did	3	THE WITNESS: Correct. BY MR. SNELL: Q. Why would you place them at
3	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra,	2 3 4 5	THE WITNESS: Correct.  BY MR. SNELL: Q. Why would you place them at the bladder neck? A. Because I believe there's a
2 3 4 5	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.	2 3 4 5	THE WITNESS: Correct.  BY MR. SNELL: Q. Why would you place them at the bladder neck? A. Because I believe there's a learning curve for everything that you
2 3 4 5	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:	2 3 4 5 6	THE WITNESS: Correct.  BY MR. SNELL: Q. Why would you place them at the bladder neck? A. Because I believe there's a learning curve for everything that you do. And even that little change from the
2 3 4 5 6	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE®	2 3 4 5 6 7	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you
2 3 4 5 6 7	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at	2 3 4 5 6 7 8	THE WITNESS: Correct.  BY MR. SNELL: Q. Why would you place them at the bladder neck? A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't
2 3 4 5 6 7 8	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have	2 3 4 5 6 7 8 9	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that
2 3 4 5 6 7 8 9	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?	2 3 4 5 6 7 8 9	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that
2 3 4 5 6 7 8 9 10	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?  MS. FITZPATRICK: Objection	2 3 4 5 6 7 8 9 10	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that part of the operation.
2 3 4 5 6 7 8 9 10 11	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?  MS. FITZPATRICK: Objection to form. I just want to make sure	2 3 4 5 6 7 8 9 10 11	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that part of the operation.  Because the autologous slings had been so successful, that I
2 3 4 5 6 7 8 9 10 11 12	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?  MS. FITZPATRICK: Objection to form. I just want to make sure we're on the same page.	2 3 4 5 6 7 8 9 10 11 12 13	THE WITNESS: Correct.  BY MR. SNELL: Q. Why would you place them at the bladder neck? A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that part of the operation.  Because the autologous slings had been so successful, that I thought it best to — to mimic exactly
2 3 4 5 6 7 8 9 10 11 12 13	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?  MS. FITZPATRICK: Objection to form. I just want to make sure we're on the same page.  There's the slings that	2 3 4 5 6 7 8 9 10 11 12 13	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that part of the operation.  Because the autologous slings had been so successful, that I thought it best to — to mimic exactly
2 3 4 5 6 7 8 9 10 11 12 13 14	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?  MS. FITZPATRICK: Objection to form. I just want to make sure we're on the same page.  There's the slings that Ethicon makes, the TVT	2 3 4 5 6 7 8 9 10 11 12 13 14 15	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that part of the operation.  Because the autologous slings had been so successful, that I thought it best to — to mimic exactly that same operation but using the synthetic sling because of other concerns.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?  MS. FITZPATRICK: Objection to form. I just want to make sure we're on the same page.  There's the slings that  Ethicon makes, the TVT  MR. SNELL: I know. You're	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	THE WITNESS: Correct.  BY MR. SNELL: Q. Why would you place them at the bladder neck? A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that part of the operation.  Because the autologous slings had been so successful, that I thought it best to — to mimic exactly that same operation but using the synthetic sling because of other concerns. Q. When you made the decision
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?  MS. FITZPATRICK: Objection to form. I just want to make sure we're on the same page.  There's the slings that  Ethicon makes, the TVT  MR. SNELL: I know. You're making a speaking objection.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that part of the operation.  Because the autologous slings had been so successful, that I thought it best to — to mimic exactly that same operation but using the synthetic sling because of other concerns.  Q. When you made the decision to place the PROLENE® polypropylene
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?  MS. FITZPATRICK: Objection to form. I just want to make sure we're on the same page.  There's the slings that Ethicon makes, the TVT  MR. SNELL: I know. You're making a speaking objection.  What's your point?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that part of the operation.  Because the autologous slings had been so successful, that I thought it best to — to mimic exactly that same operation but using the synthetic sling because of other concerns.  Q. When you made the decision to place the PROLENE® polypropylene slings at the bladder neck, were you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?  MS. FITZPATRICK: Objection to form. I just want to make sure we're on the same page.  There's the slings that Ethicon makes, the TVT  MR. SNELL: I know. You're making a speaking objection.  What's your point?  MS. FITZPATRICK: I don't	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that part of the operation.  Because the autologous slings had been so successful, that I thought it best to — to mimic exactly that same operation but using the synthetic sling because of other concerns.  Q. When you made the decision to place the PROLENE® polypropylene slings at the bladder neck, were you relying on any data in the medical
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?  MS. FITZPATRICK: Objection to form. I just want to make sure we're on the same page.  There's the slings that Ethicon makes, the TVT  MR. SNELL: I know. You're making a speaking objection.  What's your point?  MS. FITZPATRICK: I don't understand what your question is.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that part of the operation.  Because the autologous slings had been so successful, that I thought it best to — to mimic exactly that same operation but using the synthetic sling because of other concerns.  Q. When you made the decision to place the PROLENE® polypropylene slings at the bladder neck, were you relying on any data in the medical literature for that determination?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL:  Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?  MS. FITZPATRICK: Objection to form. I just want to make sure we're on the same page.  There's the slings that Ethicon makes, the TVT  MR. SNELL: I know. You're making a speaking objection.  What's your point?  MS. FITZPATRICK: I don't understand what your question is.  Are you talking about where he	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that part of the operation.  Because the autologous slings had been so successful, that I thought it best to — to mimic exactly that same operation but using the synthetic sling because of other concerns.  Q. When you made the decision to place the PROLENE® polypropylene slings at the bladder neck, were you relying on any data in the medical literature for that determination?  A. Yeah, I was relying on my
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	thought about this in a very long time, and it occurred to me that I misspoke just now.  In the few that I did, I did not place them at the mid urethra, I placed them at the bladder neck.  BY MR. SNELL: Q. So in the few PROLENE® polypropylene slings that you placed at the bladder neck, why would you have chose that location?  MS. FITZPATRICK: Objection to form. I just want to make sure we're on the same page.  There's the slings that Ethicon makes, the TVT  MR. SNELL: I know. You're making a speaking objection.  What's your point?  MS. FITZPATRICK: I don't understand what your question is.  Are you talking about those or are you talking about where he	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	THE WITNESS: Correct.  BY MR. SNELL:  Q. Why would you place them at the bladder neck?  A. Because I believe there's a learning curve for everything that you do. And even that little change from the mid urethra to the bladder neck, I didn't think it was necessary to subject the patient to a new learning curve for that part of the operation.  Because the autologous slings had been so successful, that I thought it best to — to mimic exactly that same operation but using the synthetic sling because of other concerns.  Q. When you made the decision to place the PROLENE® polypropylene slings at the bladder neck, were you relying on any data in the medical literature for that determination?

_	Jerry G. Bl	T	Page 76
	Page 74	,	
1		1	attempt to ascertain what was the rate
2	(Whereupon, Exhibit	2	specific to serious infection?
3	Blaivas-4, Article, Safety	1	A. No. But we decide no.
4	Considerations for Synthetic Sling	! _	But I think that no, is the answer to
5	Surgery, was marked for	5	your quosion.
6	identification.)	_	Q. And when you say "serious
7	DYAD CAELI	8	11110011011, 11111111111111111111111111
8	BY MR. SNELL:	1	A. Really, we were talking
9	Q. So, Doctor, you're at Page	1	about life-threatening sepsis or infections that require retropubic
11	5?	1	infections that are either life
	A. I am.	1	
12	Q. And in your review paper,	1	threatening or require multiple
13	you wrote and I'm on Page 5 at the top	14	operations to remove.
14	paragraph.	1	Some of them were, like,
16	MS. FITZPATRICK: When you		thigh infections just for example, thigh infections after transobturator
17	say Page 5, I start at 481.	17	slings were used that required three,
18	THE WITNESS: That's what	18	
19	I'm saying, these are actually		infection and remove the mesh.
20	numbered 1, 2, 3, 4, 5 and this,	20	So these were the most
21	for whatever reason, is completely		serious infections, is what this was
22	different page numbering.	22	
23	I'm the same as you. MS. FITZPATRICK: My 485 is	23	Q. 0.1 percent, you would
24	your Page 5. Good enough.		consider that rare?
	your rage 3. Good enough.		Consider that fare:
		+	D 77
	Page 75		Page 77
1	Thanks.	1	A. Yes.
2	Thanks. BY MR. SNELL:	2	<ul><li>A. Yes.</li><li>Q. The thigh infection you</li></ul>
3	Thanks. BY MR. SNELL: Q. It says, We estimate that	3	A. Yes. Q. The thigh infection you mentioned with the transobturator slings,
3 4	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections	2 3 4	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling,
2 3 4 5	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1	2 3 4 5	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh
2 3 4 5 6	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.	2 3 4 5 6	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators?
2 3 4 5 6 7	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct?	2 3 4 5 6 7	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk
2 3 4 5 6 7 8	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now?	2 3 4 5 6 7 8	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no
2 3 4 5 6 7 8 9	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column.	2 3 4 5 6 7 8	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.
2 3 4 5 6 7 8 9	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes.	2 3 4 5 6 7 8 9	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk. But, also, there were
2 3 4 5 6 7 8 9 10	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations	2 3 4 5 6 7 8 9 10	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again,
2 3 4 5 6 7 8 9 10 11	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations to papers numbered 117 to 134, correct?	2 3 4 5 6 7 8 9 10 11 12	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again, life-threatening sepsis are the kinds of
2 3 4 5 6 7 8 9 10 11 12	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations to papers numbered 117 to 134, correct? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again, life-threatening sepsis are the kinds of things we were talking about, not just
2 3 4 5 6 7 8 9 10 11 12 13 14	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations to papers numbered 117 to 134, correct? A. Yes. Q. And the combined estimated	2 3 4 5 6 7 8 9 10 11 12 13	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again, life-threatening sepsis are the kinds of things we were talking about, not justyeah, that's what we were talking about.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations to papers numbered 117 to 134, correct? A. Yes. Q. And the combined estimated rate of bowel perforation and serious	2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again, life-threatening sepsis are the kinds of things we were talking about, not just yeah, that's what we were talking about. Q. On the first page, top
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations to papers numbered 117 to 134, correct? A. Yes. Q. And the combined estimated rate of bowel perforation and serious infection, you were referring to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again, life-threatening sepsis are the kinds of things we were talking about, not justyeah, that's what we were talking about. Q. On the first page, top right, where it says, Furthermore, an
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations to papers numbered 117 to 134, correct? A. Yes. Q. And the combined estimated rate of bowel perforation and serious infection, you were referring to synthetic midurethral slings?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again, life-threatening sepsis are the kinds of things we were talking about, not justyeah, that's what we were talking about. Q. On the first page, top right, where it says, Furthermore, an analysis of 7,200 case logs submitted by
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations to papers numbered 117 to 134, correct? A. Yes. Q. And the combined estimated rate of bowel perforation and serious infection, you were referring to synthetic midurethral slings? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again, life-threatening sepsis are the kinds of things we were talking about, not justyeah, that's what we were talking about. Q. On the first page, top right, where it says, Furthermore, an analysis of 7,200 case logs submitted by American urologists for their certifying
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations to papers numbered 117 to 134, correct? A. Yes. Q. And the combined estimated rate of bowel perforation and serious infection, you were referring to synthetic midurethral slings? A. Yes. Q. Do you consider a serious	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again, life-threatening sepsis are the kinds of things we were talking about, not justyeah, that's what we were talking about. Q. On the first page, top right, where it says, Furthermore, an analysis of 7,200 case logs submitted by American urologists for their certifying credentials in 2013, 83 percent of
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations to papers numbered 117 to 134, correct? A. Yes. Q. And the combined estimated rate of bowel perforation and serious infection, you were referring to synthetic midurethral slings? A. Yes. Q. Do you consider a serious infection rate of strike that.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again, life-threatening sepsis are the kinds of things we were talking about, not justyeah, that's what we were talking about. Q. On the first page, top right, where it says, Furthermore, an analysis of 7,200 case logs submitted by American urologists for their certifying credentials in 2013, 83 percent of operations performed for incontinence in
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations to papers numbered 117 to 134, correct? A. Yes. Q. And the combined estimated rate of bowel perforation and serious infection, you were referring to synthetic midurethral slings? A. Yes. Q. Do you consider a serious infection rate of strike that. When you wrote that "we	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again, life-threatening sepsis are the kinds of things we were talking about, not justyeah, that's what we were talking about. Q. On the first page, top right, where it says, Furthermore, an analysis of 7,200 case logs submitted by American urologists for their certifying credentials in 2013, 83 percent of operations performed for incontinence in women were midurethral sling
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations to papers numbered 117 to 134, correct? A. Yes. Q. And the combined estimated rate of bowel perforation and serious infection, you were referring to synthetic midurethral slings? A. Yes. Q. Do you consider a serious infection rate of strike that.  When you wrote that "we estimate that bowel perforation and	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again, life-threatening sepsis are the kinds of things we were talking about, not justyeah, that's what we were talking about. Q. On the first page, top right, where it says, Furthermore, an analysis of 7,200 case logs submitted by American urologists for their certifying credentials in 2013, 83 percent of operations performed for incontinence in women were midurethral sling implantations.
2 3 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Thanks. BY MR. SNELL: Q. It says, We estimate that bowel perforation and serious infections have a combined incidence of about 0.1 percent.  Correct? A. Where are you now? Q. Page 5, top right column. A. Yes. Q. And then there are citations to papers numbered 117 to 134, correct? A. Yes. Q. And the combined estimated rate of bowel perforation and serious infection, you were referring to synthetic midurethral slings? A. Yes. Q. Do you consider a serious infection rate of strike that. When you wrote that "we	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. The thigh infection you mentioned with the transobturator slings, is it correct that the retropubic sling, like a TVT, has a lower risk of thigh infection than transobturators? A. I would say it has no risk of thigh infection, or just about no risk.  But, also, there were serious kinds of infections. Again, life-threatening sepsis are the kinds of things we were talking about, not justyeah, that's what we were talking about. Q. On the first page, top right, where it says, Furthermore, an analysis of 7,200 case logs submitted by American urologists for their certifying credentials in 2013, 83 percent of operations performed for incontinence in women were midurethral sling

1	Page 130	T	Page 132	7
1	except for a couple of patients	1	that they use with the trocar	ĺ
2	that had multiple, multiple	2	passage precludes any protection	
3	- · · -	3	of the bladder or urethra.	
4	operations of synthetic slings in	4	You just have to, for	
5	the same place.	5	practical purposes, hope that you	
6	And the reason is, to start	6	don't put the trocar into the	
7	with, the technique requires,	7	bladder, the urethra or, even	
8	without exaggeration, an extra	8	worse, the iliac artery of the	
9	maybe five minutes of dissection.	9	obturator, all of which every	
10	And if you dissect into the	10	one of those complications has	
11	retropubic space and put your	11	occurred.	
12	finger in the retropubic space	12	And, in my judgment,	
13	protecting the protecting the	13	virtually never occurs, not once,	
14	bladder and urethra, then you can	14	if you use the top-down approach.	
	pass the instrument from above	15	I think it's not physically	
15 16	instead of through the vagina and	16	1 4	
	you're not doing it in a blinded	17	possible.	
17	fashion and you would completely	18	So that's the second point	
18	protect the bladder and urethra.	19	that I would change.	
19	And in my estimation, you should	20	And the third point is that	
20	almost never get into the bladder	21	the trocar itself is too big, too	
21	or urethra.	22	thick and too pointed. You know,	
22	And, again, I've never done	23	that trocar gets it's very easy	
23 24	it, and it's never been except	24	to do significant damage to the	
24	for these, I think, two instances.		adjacent structures if the trocar	
			D 100	
	Page 131		Page 133	1
1	Page 131 So that would eliminate a major	1	goes in the wrong place.	
1 2	_	1 2	goes in the wrong place. So if you use a much smaller	
	So that would eliminate a major		goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the	
2	So that would eliminate a major cause, in my judgment, of	2	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey	
2	So that would eliminate a major cause, in my judgment, of subsequent erosion.	3	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and	
2 3 4	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there,	3 4	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major	
2 3 4 5	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by	3 4 5	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from	
2 3 4 5	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold	2 3 4 5 6	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of	
2 3 4 5 6 7	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the	2 3 4 5 6 7	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as	
2 3 4 5 6 7 8	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion	2 3 4 5 6 7 8	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.	NA THE PROPERTY OF THE PROPERT
2 3 4 5 6 7 8 9	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in	2 3 4 5 6 7 8 9 0 1 1	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.	The state of the s
2 3 4 5 6 7 8 9	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in patients who have had a	2 3 4 5 6 7 8 9 0 1 1	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.  BY MR. SNELL:	WATER THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF
2 3 4 5 6 7 8 9 10	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in patients who have had a perforation of the bladder or urethra at the time of the original surgery.	2 3 4 5 6 7 8 9 10 11 12 13	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.  BY MR. SNELL:  Q. With regard to your	NATE: HARVING AND
2 3 4 5 6 7 8 9 10 11	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in patients who have had a perforation of the bladder or urethra at the time of the	2 3 4 5 6 7 8 9 10 11 12 13	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.  BY MR. SNELL:  Q. With regard to your statement that you would dissect more	144 Table 144 Ta
2 3 4 5 6 7 8 9 10 11 12	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in patients who have had a perforation of the bladder or urethra at the time of the original surgery.	2 3 4 5 6 7 8 9 10 11 12 13 14	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.  BY MR. SNELL:  Q. With regard to your statement that you would dissect more into the retropubic space	WHEN THE PROPERTY OF THE PROPE
2 3 4 5 6 7 8 9 10 11 12 13	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in patients who have had a perforation of the bladder or urethra at the time of the original surgery.  And, again, in my opinion	2 3 4 5 6 7 8 9 10 11 12 13	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.  BY MR. SNELL:  Q. With regard to your statement that you would dissect more into the retropubic space  A. Yes.	the state of the s
2 3 4 5 6 7 8 9 10 11 12 13 14	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in patients who have had a perforation of the bladder or urethra at the time of the original surgery.  And, again, in my opinion this is 100 percent, or practically 100 percent preventable. So that's the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.  BY MR. SNELL:  Q. With regard to your statement that you would dissect more into the retropubic space  A. Yes.  Q what are the risks	
2 3 4 5 6 7 8 9 10 11 12 13 14 15	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in patients who have had a perforation of the bladder or urethra at the time of the original surgery.  And, again, in my opinion this is 100 percent, or practically 100 percent preventable. So that's the surgical technique, which is part	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.  BY MR. SNELL:  Q. With regard to your statement that you would dissect more into the retropubic space  A. Yes.  Q what are the risks attendant with doing more dissection and	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in patients who have had a perforation of the bladder or urethra at the time of the original surgery.  And, again, in my opinion this is 100 percent, or practically 100 percent preventable. So that's the surgical technique, which is part of the you know, part of the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.  BY MR. SNELL:  Q. With regard to your statement that you would dissect more into the retropubic space  A. Yes.  Q what are the risks attendant with doing more dissection and deeper dissection into the retropubic	The state of the s
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in patients who have had a perforation of the bladder or urethra at the time of the original surgery.  And, again, in my opinion this is 100 percent, or practically 100 percent preventable. So that's the surgical technique, which is part of the you know, part of the procedure.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.  BY MR. SNELL:  Q. With regard to your statement that you would dissect more into the retropubic space  A. Yes.  Q what are the risks attendant with doing more dissection and deeper dissection into the retropubic space?	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in patients who have had a perforation of the bladder or urethra at the time of the original surgery.  And, again, in my opinion this is 100 percent, or practically 100 percent preventable. So that's the surgical technique, which is part of the you know, part of the procedure.  The second thing is, it	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.  BY MR. SNELL:  Q. With regard to your statement that you would dissect more into the retropubic space  A. Yes.  Q what are the risks attendant with doing more dissection and deeper dissection into the retropubic space?  A. I don't think I don't	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in patients who have had a perforation of the bladder or urethra at the time of the original surgery.  And, again, in my opinion this is 100 percent, or practically 100 percent preventable. So that's the surgical technique, which is part of the you know, part of the procedure.  The second thing is, it makes little sense to me to use	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.  BY MR. SNELL:  Q. With regard to your statement that you would dissect more into the retropubic space  A. Yes.  Q what are the risks attendant with doing more dissection and deeper dissection into the retropubic space?  A. I don't think I don't think there's any. I mean, you're	
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	So that would eliminate a major cause, in my judgment, of subsequent erosion.  I cited a paper in there, again, by I think this was by Osborn, where there's a 26-fold increase, 26-fold increase in the likelihood of subsequent erosion into the vagina or the bladder in patients who have had a perforation of the bladder or urethra at the time of the original surgery.  And, again, in my opinion this is 100 percent, or practically 100 percent preventable. So that's the surgical technique, which is part of the you know, part of the procedure.  The second thing is, it	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	goes in the wrong place.  So if you use a much smaller trocar I mean, I alluded to the fact before that I use a Stamey needle, which is very thin and very unlikely to do any major damage. And if you pass it from above to below, the chances of injuring any adjacent organ is as close to zero as you can get.  That's it.  BY MR. SNELL:  Q. With regard to your statement that you would dissect more into the retropubic space  A. Yes.  Q what are the risks attendant with doing more dissection and deeper dissection into the retropubic space?  A. I don't think I don't	

	Page 134	Page 136
	-	-
1	with a big blunt a big sharp	question was, how do I think it could be
1	instrument.	<sup>2</sup> improved. And I think that would be a
3	So whether you do it with	<sup>3</sup> great improvement.  4 O Do you know whether or not a
1	your finger or an instrument, you are	Q. Do you know whether of how
1	still going into the same place. I don't	5 top-down approach for TVT was ever
	think there's any more hazard. I think	6 offered or made available to surgeons?
1	there's less hazard.	7 A. I think no, I don't have
8	That might not have been	8 an independent recollection.
	your question. Was the question the	9 Q. Do you know whether your
	hazards or additional risks?	opinion that proceeding from the top down
11	Q. Yeah, what's the are	as opposed to bottom up would lead to
	there additional risks by doing a larger	12 less risk of urethral perforation and
13	dissection deeper into the retropubic	other complications been has tested in
14	space?	any randomized control trials?
15	A. I think there are less	<sup>15</sup> A. The technique that I'm
16	risks.	talking about has not, to my knowledge,
17	Q. Does a larger incision have	been done for this, so it hasn't been
18	a higher risk of erosion?	18 tested.
19	A. Yes, it probably does. But	But it's been done thousands
20	this isn't a larger incision.	<sup>20</sup> of times by me and other people that do
21	Q. Are you saying the TVT	<sup>21</sup> autologous slings.
22	trocar is equivalent in size to your	Q. Do you have that Ogah
23	finger, and the incision strike	<sup>23</sup> Cochrane review that we were looking at
24	that the dissection you would make up	<sup>24</sup> earlier that you cited in your review
	Page 135	Page 137
1	rage 133	1 100 101
1	_	
1	into the retropubic space?	¹ paper?
2	into the retropubic space?  A. Yeah, I don't we're	<sup>1</sup> paper? <sup>2</sup> A. Yes.
3	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> </ul>
2 3 4	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> </ul>
2 3 4	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> </ul>
2 3 4 5	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> <li>Q. What exhibit is that,</li> </ul>
2 3 4 5 6 7	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar,	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> <li>Q. What exhibit is that,</li> <li>Doctor, the number?</li> </ul>
2 3 4 5 6 7 8	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> <li>Q. What exhibit is that,</li> <li>Doctor, the number?</li> <li>A. Exhibit 5.</li> </ul>
2 3 4 5 6 7 8 9	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> <li>Q. What exhibit is that,</li> <li>Doctor, the number?</li> <li>A. Exhibit 5.</li> <li>Q. You see this Ogah Cochrane</li> </ul>
2 3 4 5 6 7 8 9	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> <li>Q. What exhibit is that,</li> <li>Doctor, the number?</li> <li>A. Exhibit 5.</li> <li>Q. You see this Ogah Cochrane</li> <li>review you cite to? I just want to show</li> </ul>
2 3 4 5 6 7 8 9 10	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> <li>Q. What exhibit is that,</li> <li>Doctor, the number?</li> <li>A. Exhibit 5.</li> <li>Q. You see this Ogah Cochrane</li> <li>review you cite to? I just want to show</li> </ul>
2 3 4 5 6 7 8 9 10 11	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical studies using midurethral slings that	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> <li>Q. What exhibit is that,</li> <li>Doctor, the number?</li> <li>A. Exhibit 5.</li> <li>Q. You see this Ogah Cochrane</li> <li>review you cite to? I just want to show</li> <li>you where I'm at.</li> <li>A. Yes.</li> </ul>
2 3 4 5 6 7 8 9 10 11 12 13	A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical studies using midurethral slings that evaluate whether less dissection	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> <li>Q. What exhibit is that,</li> <li>Doctor, the number?</li> <li>A. Exhibit 5.</li> <li>Q. You see this Ogah Cochrane</li> <li>review you cite to? I just want to show</li> <li>you where I'm at.</li> <li>A. Yes.</li> <li>Q. They did assess a</li> </ul>
2 3 4 5 6 7 8 9 10 11 12 13	A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical studies using midurethral slings that evaluate whether less dissection strike that.	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> <li>Q. What exhibit is that,</li> <li>Doctor, the number?</li> <li>A. Exhibit 5.</li> <li>Q. You see this Ogah Cochrane</li> <li>review you cite to? I just want to show</li> <li>you where I'm at.</li> <li>A. Yes.</li> <li>Q. They did assess a</li> <li>bottom-to-top route compared with a</li> </ul>
2 3 4 5 6 7 8 9 10 11 12 13 14 15	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical studies using midurethral slings that evaluate whether less dissection strike that.  Are there any clinical	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> <li>Q. What exhibit is that,</li> <li>Doctor, the number?</li> <li>A. Exhibit 5.</li> <li>Q. You see this Ogah Cochrane</li> <li>review you cite to? I just want to show</li> <li>you where I'm at.</li> <li>A. Yes.</li> <li>Q. They did assess a</li> </ul>
2 3 4 5 6 7 8 9 10 11 12 13 14 15	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical studies using midurethral slings that evaluate whether less dissection strike that.  Are there any clinical studies in midurethral slings that	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> <li>Q. What exhibit is that,</li> <li>Doctor, the number?</li> <li>A. Exhibit 5.</li> <li>Q. You see this Ogah Cochrane</li> <li>review you cite to? I just want to show</li> <li>you where I'm at.</li> <li>A. Yes.</li> <li>Q. They did assess a</li> <li>bottom-to-top route compared with a</li> <li>top-to-bottom route, correct?</li> <li>A. Yes.</li> </ul>
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical studies using midurethral slings that evaluate whether less dissection strike that.  Are there any clinical studies in midurethral slings that demonstrate that there is less risk when	<ul> <li>paper?</li> <li>A. Yes.</li> <li>MS. FITZPATRICK: Which one</li> <li>is this?</li> <li>BY MR. SNELL:</li> <li>Q. What exhibit is that,</li> <li>Doctor, the number?</li> <li>A. Exhibit 5.</li> <li>Q. You see this Ogah Cochrane</li> <li>review you cite to? I just want to show</li> <li>you where I'm at.</li> <li>A. Yes.</li> <li>Q. They did assess a</li> <li>bottom-to-top route compared with a</li> <li>top-to-bottom route, correct?</li> <li>A. Yes.</li> <li>Q. And they found the</li> </ul>
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	into the retropubic space?  A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical studies using midurethral slings that evaluate whether less dissection strike that.  Are there any clinical studies in midurethral slings that demonstrate that there is less risk when you do a larger dissection into the	1 paper? 2 A. Yes. 3 MS. FITZPATRICK: Which one 4 is this? 5 BY MR. SNELL: 6 Q. What exhibit is that, 7 Doctor, the number? 8 A. Exhibit 5. 9 Q. You see this Ogah Cochrane 10 review you cite to? I just want to show 11 you where I'm at. 12 A. Yes. 13 Q. They did assess a 14 bottom-to-top route compared with a 15 top-to-bottom route, correct? 16 A. Yes. 17 Q. And they found the 18 bottom-to-top route and that's the TVT
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical studies using midurethral slings that evaluate whether less dissection strike that.  Are there any clinical studies in midurethral slings that demonstrate that there is less risk when you do a larger dissection into the retropubic space?	1 paper? 2 A. Yes. 3 MS. FITZPATRICK: Which one 4 is this? 5 BY MR. SNELL: 6 Q. What exhibit is that, 7 Doctor, the number? 8 A. Exhibit 5. 9 Q. You see this Ogah Cochrane 10 review you cite to? I just want to show 11 you where I'm at. 12 A. Yes. 13 Q. They did assess a 14 bottom-to-top route compared with a 15 top-to-bottom route, correct? 16 A. Yes. 17 Q. And they found the 18 bottom-to-top route and that's the TVT 19 retropubic route, correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical studies using midurethral slings that evaluate whether less dissection strike that.  Are there any clinical studies in midurethral slings that demonstrate that there is less risk when you do a larger dissection into the retropubic space?  A. I don't know.	1 paper? 2 A. Yes. 3 MS. FITZPATRICK: Which one 4 is this? 5 BY MR. SNELL: 6 Q. What exhibit is that, 7 Doctor, the number? 8 A. Exhibit 5. 9 Q. You see this Ogah Cochrane 10 review you cite to? I just want to show 11 you where I'm at. 12 A. Yes. 13 Q. They did assess a 14 bottom-to-top route compared with a 15 top-to-bottom route, correct? 16 A. Yes. 17 Q. And they found the 18 bottom-to-top route and that's the TVT 19 retropubic route, correct? 20 A. Yes.
2 3 4 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical studies using midurethral slings that evaluate whether less dissection strike that.  Are there any clinical studies in midurethral slings that demonstrate that there is less risk when you do a larger dissection into the retropubic space?  A. I don't know. Q. You mentioned the you	1 paper? 2 A. Yes. 3 MS. FITZPATRICK: Which one 4 is this? 5 BY MR. SNELL: 6 Q. What exhibit is that, 7 Doctor, the number? 8 A. Exhibit 5. 9 Q. You see this Ogah Cochrane 10 review you cite to? I just want to show 11 you where I'm at. 12 A. Yes. 13 Q. They did assess a 14 bottom-to-top route compared with a 15 top-to-bottom route, correct? 16 A. Yes. 17 Q. And they found the 18 bottom-to-top route and that's the TVT 19 retropubic route, correct? 20 A. Yes. 21 Q was more effective than a
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical studies using midurethral slings that evaluate whether less dissection strike that.  Are there any clinical studies in midurethral slings that demonstrate that there is less risk when you do a larger dissection into the retropubic space?  A. I don't know.  Q. You mentioned the you would prefer to do a top-down approach as	1 paper? 2 A. Yes. 3 MS. FITZPATRICK: Which one 4 is this? 5 BY MR. SNELL: 6 Q. What exhibit is that, 7 Doctor, the number? 8 A. Exhibit 5. 9 Q. You see this Ogah Cochrane 10 review you cite to? I just want to show 11 you where I'm at. 12 A. Yes. 13 Q. They did assess a 14 bottom-to-top route compared with a 15 top-to-bottom route, correct? 16 A. Yes. 17 Q. And they found the 18 bottom-to-top route and that's the TVT 19 retropubic route, correct? 20 A. Yes. 21 Q was more effective than a 22 top-to-bottom route, correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yeah, I don't we're talking about such a small incision that it's inconceivable to me that it would make much difference.  I would have to check my finger against the size of the trocar, but it's not very different. And my finger doesn't have a point at the end of it.  Q. Are there any clinical studies using midurethral slings that evaluate whether less dissection strike that.  Are there any clinical studies in midurethral slings that demonstrate that there is less risk when you do a larger dissection into the retropubic space?  A. I don't know.  Q. You mentioned the you would prefer to do a top-down approach as opposed to a bottom-up approach?	1 paper? 2 A. Yes. 3 MS. FITZPATRICK: Which one 4 is this? 5 BY MR. SNELL: 6 Q. What exhibit is that, 7 Doctor, the number? 8 A. Exhibit 5. 9 Q. You see this Ogah Cochrane 10 review you cite to? I just want to show 11 you where I'm at. 12 A. Yes. 13 Q. They did assess a 14 bottom-to-top route compared with a 15 top-to-bottom route, correct? 16 A. Yes. 17 Q. And they found the 18 bottom-to-top route and that's the TVT 19 retropubic route, correct? 20 A. Yes. 21 Q was more effective than a 22 top-to-bottom route, correct?

Page 160 Page 158 <sup>1</sup> for the midurethral sling, correct? <sup>1</sup> found studies that reported on a certain A. That is correct. But I <sup>2</sup> percent of women who had a bladder 3 think that at the very -- to be kind, it <sup>3</sup> perforation with the TVT, what percent of <sup>4</sup> was an oversight. 4 those did not have long-term There is no way that the <sup>5</sup> complications or sequelae from that <sup>6</sup> group that I was involved with would say <sup>6</sup> perforation? 7 that the -- that there is zero and 1 A. I am not aware of a single <sup>8</sup> percent chance of sexual dysfunction 8 study that addresses that question in a <sup>9</sup> and/or pain after a midurethral sling. 9 meaningful way, let's put it that way, in That's inconsistent -- even <sup>10</sup> a way that -- whose methodology would 11 though that's what the paper says, that <sup>11</sup> support those conclusions. 12 is inconsistent with any data or anything 12 Q. For the synthetic 13 I've ever been involved with, with this 13 midurethral slings, you all assessed the rate of pain was 1 percent, correct? 14 group. 15 O. If you go back to the Based -- where are you now? 15 Q. In the same table we were <sup>16</sup> Burch -- so that's what you're saying 16 17 now. <sup>17</sup> looking at. You've never published that, 18 18 A. Yeah. 19 correct, that there is --19 Q. Suggested complications, MS. FITZPATRICK: Objection. 20 correct? 21 BY MR. SNELL: 21 A. That was two studies, and 22 O. Strike that. 22 there was -- I'm quite sure there was --<sup>23</sup> there was insufficient methodologies to 23 You've never published that 24 these data in the AUA guidelines are now <sup>24</sup> come to those conclusions. Page 161 Page 159 <sup>1</sup> unreliable, correct? We did not comment on the MS. FITZPATRICK: Objection. <sup>2</sup> quality of the methodology, just the Misstates the testimony. 3 <sup>3</sup> reports themselves. THE WITNESS: The panel --4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

Q. And then below that, there's <sup>5</sup> sexual dysfunction.

And that rate was zero <sup>7</sup> percent with the synthetic midurethral sling, correct?

A. Yeah. If you believe that one, I'll sell you a bridge. But, yes.

Q. And, actually, Doctor, on that point, if you look down below there, 13 you all didn't denote with any type of 14 symbol that that data were not reliable,

15 did vou?

A. No, I don't see that we did.

16 17 O. In fact, in the legend, there is a symbol where you could have 19 designated that, where it says, Although <sup>20</sup> this estimate is based on published data, 21 the panel believes the estimates are not <sup>22</sup> consistent with their experience. No one elected to put that

24 symbol next to pain or sexual dysfunction

the guideline document itself said that the quality of the studies was -- I forget the exact wording, either poor or -- said that the quality of the studies was not good, that it was -- and being part of the discussions, we lamented the fact that there were so few studies to make -- to come to any reasonable conclusions.

And we were forced, by the -- we were forced, by the dictates of the organizing body that put this together, they told us that we needed to rely on the data that was -- that the paper -that -- the published data to come to our conclusions.

And that's what the group did. I don't think anybody -- I'm

_	Jerry G. Bl	a. T	Page 164
	Page 162	1	
1	confident that nobody on that	2	A. I see that.
2	committee would say that there is	2	Q. And if we turn back two
3	a zero incidence of sexual	3	pages, we were looking at the Burch
4	dysfunction and a 1 percent	4	colposuspension, the rate of pain you all
5	incidence of pain after	Ι.	reported in the stress incontinence
6	midurethral sling.	6	guidelines for the Burch was 6 percent,
7	Every single study in the	7	COLLECT.
8	literature that I ever reviewed	8	A. Which page are you on?
9	that looked at any either	9	Q. Back where we were, Burch
10	sexual either dyspareunia or	10	colposuspensions, Table 16.
11	pain has an incidence higher than	11	A. And where?
12	1 percent. So I don't know how	12	Q. It's at the bottom.
13	this happened I don't know how	13	A. Okay.
14	this occurred.	14	Q. And the way these tables
15	BY MR. SNELL:	15	read is, there's different surgical
16	Q. Are you still a member of	16	methods that have their own column,
17	the AUA?	17	correct?
18	A. I am.	18	A. Yes.
19	Q. Why?	19	Q. And for the Burch
20	A. Why am I a member?	20	colposuspension, you all reported that
21	Q. Why are you still a member	21	the rate of pain was 6 percent, correct?
22	of the AUA?	22	A. Yes.
23	MS. FITZPATRICK: Objection.	23	Q. And that was higher than
24	THE WITNESS: Because I	24	what you reported for the midurethral
		1	
	Page 163		Page 165
1	<u> </u>	7	-
1 2	Page 163 think it's an important organization and it provides	1 2	Page 165 sling, correct? A. Yes.
	think it's an important organization and it provides	3	sling, correct? A. Yes. Q. You reported that sexual
2	think it's an important	3	sling, correct? A. Yes.
2 3	think it's an important organization and it provides valuable services to the public	3	sling, correct? A. Yes. Q. You reported that sexual
3 4	think it's an important organization and it provides valuable services to the public and its membership.	3 4	sling, correct? A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch
2 3 4 5	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL:	2 3 4 5	sling, correct?  A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension?
2 3 4 5	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the	2 3 4 5 6	sling, correct?  A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension?  A. Yes. Q. And that was less than what
2 3 4 5 6	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all	2 3 4 5 6 7	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling,
2 3 4 5 6 7 8	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an	2 3 4 5 6 7 8	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes.
2 3 4 5 6 7 8 9	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?	2 3 4 5 6 7 8 9	sling, correct?  A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers
2 3 4 5 6 7 8 9	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk.	2 3 4 5 6 7 8 9	sling, correct?  A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the
2 3 4 5 6 7 8 9 10	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk. MR. SNELL: No, like a	2 3 4 5 6 7 8 9 10	sling, correct?  A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension?  A. Yes. Q. And that was less than what you reported for the midurethral sling, correct?  A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the Burch are now somehow inaccurate?
2 3 4 5 6 7 8 9 10 11 12	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk. MR. SNELL: No, like a double S.	2 3 4 5 6 7 8 9 10 11 12	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the Burch are now somehow inaccurate? A. I don't know. I don't have
2 3 4 5 6 7 8 9 10 11 12 13	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk. MR. SNELL: No, like a double S. THE WITNESS: I know what	2 3 4 5 6 7 8 9 10 11 12	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the Burch are now somehow inaccurate? A. I don't know. I don't have
2 3 4 5 6 7 8 9 10 11 12 13	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk. MR. SNELL: No, like a double S. THE WITNESS: I know what you mean.	2 3 4 5 6 7 8 9 10 11 12 13	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the Burch are now somehow inaccurate? A. I don't know. I don't have an opinion about that. It's not something I reviewed.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk. MR. SNELL: No, like a double S. THE WITNESS: I know what you mean. BY MR. SNELL:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the Burch are now somehow inaccurate? A. I don't know. I don't have an opinion about that. It's not something I reviewed. Q. Where did you all I was
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk. MR. SNELL: No, like a double S. THE WITNESS: I know what you mean.  BY MR. SNELL: Q. Do you see the page before	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the Burch are now somehow inaccurate? A. I don't know. I don't have an opinion about that. It's not something I reviewed.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk. MR. SNELL: No, like a double S. THE WITNESS: I know what you mean.  BY MR. SNELL: Q. Do you see the page before that, Doctor, you all indicated, in two	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the Burch are now somehow inaccurate? A. I don't know. I don't have an opinion about that. It's not something I reviewed. Q. Where did you all I was trying to find it. Where did you report, in
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk. MR. SNELL: No, like a double S. THE WITNESS: I know what you mean.  BY MR. SNELL: Q. Do you see the page before that, Doctor, you all indicated, in two different places with that ampersand,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the Burch are now somehow inaccurate? A. I don't know. I don't have an opinion about that. It's not something I reviewed. Q. Where did you all I was trying to find it. Where did you report, in these tables, ureteral injury?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk. MR. SNELL: No, like a double S. THE WITNESS: I know what you mean.  BY MR. SNELL: Q. Do you see the page before that, Doctor, you all indicated, in two different places with that ampersand, that the data estimated were not consistent with their experience.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the Burch are now somehow inaccurate? A. I don't know. I don't have an opinion about that. It's not something I reviewed. Q. Where did you all I was trying to find it. Where did you report, in
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk. MR. SNELL: No, like a double S. THE WITNESS: I know what you mean.  BY MR. SNELL: Q. Do you see the page before that, Doctor, you all indicated, in two different places with that ampersand, that the data estimated were not	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the Burch are now somehow inaccurate? A. I don't know. I don't have an opinion about that. It's not something I reviewed. Q. Where did you all I was trying to find it. Where did you report, in these tables, ureteral injury?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk. MR. SNELL: No, like a double S. THE WITNESS: I know what you mean.  BY MR. SNELL: Q. Do you see the page before that, Doctor, you all indicated, in two different places with that ampersand, that the data estimated were not consistent with their experience. Do you see that? For	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the Burch are now somehow inaccurate? A. I don't know. I don't have an opinion about that. It's not something I reviewed. Q. Where did you all I was trying to find it. Where did you report, in these tables, ureteral injury? A. I don't know if they're there. Q. I see it. So ureteral
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	think it's an important organization and it provides valuable services to the public and its membership.  BY MR. SNELL: Q. Well, if you look at the page before that, you'll see that you all did indicate what do you call that an ampersand?  MR. ROSENBLATT: Asterisk. MR. SNELL: No, like a double S. THE WITNESS: I know what you mean.  BY MR. SNELL: Q. Do you see the page before that, Doctor, you all indicated, in two different places with that ampersand, that the data estimated were not consistent with their experience. Do you see that? For bladder injury as well as vaginal erosion	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Yes. Q. You reported that sexual dysfunction was 3 percent with the Burch colposuspension? A. Yes. Q. And that was less than what you reported for the midurethral sling, correct? A. Yes. Q. Do you believe these numbers for pain and sexual dysfunction with the Burch are now somehow inaccurate? A. I don't know. I don't have an opinion about that. It's not something I reviewed. Q. Where did you all I was trying to find it. Where did you report, in these tables, ureteral injury? A. I don't know if they're there.